

# ONLINE INVOICING FOR PROVIDERS – HOW TO GUIDE

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## SIGNING ON



1. Open your web browser (i.e. Internet Explorer).
2. Access the Best Beginnings Provider Portal.
3. Type your PS number in the Username field.

A screenshot of a web browser window showing the 'CCUBS Best Beginnings Provider Portal' sign-in page. The browser's address bar shows 'Department of Public Health & Human Services - CCU...'. The page header includes the 'mt.gov' logo and 'Montana's Official State Website'. A green navigation bar contains links: 'DPHHS Home', 'About Us', 'Contact Us', 'News & Events', 'Programs & Services', 'Health Data & Statistics', and 'A-Z Index'. The main content area has the title 'CCUBS Best Beginnings Provider Portal' and a 'Sign In' section. The sign-in form contains a 'Username' field, a 'Password' field, a 'Forgot Password?' link, a 'Provider Portal User Guide' link, and a 'Login' button. The footer includes the 'MONTANA' logo, links for 'Privacy & Security', 'Accessibility', 'Nondiscrimination Notice/Policy', 'Disclaimer', 'Contact Webmaster', and 'Search', along with the 'mt.gov' logo.

4. Type your password in the Password field.
5. Press Enter (or click the Login button) on the Sign In page.

## GETTING A NEW PASSWORD SENT TO YOU, IF YOU HAVE FORGOTTEN YOUR PASSWORD



1. Open your web browser (i.e. Internet Explorer).
2. Access the Best Beginnings Provider Portal.
3. Click on the [Forgot Password?](#) link (beneath the Password field) on the Sign In page.

A screenshot of a web browser window showing the 'CCUBS Best Beginnings Provider Portal' sign-in page. The browser's address bar shows 'Department of Public Health & Human Services - CCU...'. The page header includes the 'mt.gov' logo and 'Montana's Official State Website' text, followed by a green navigation bar with links: 'DPHHS Home', 'About Us', 'Contact Us', 'News & Events', 'Programs & Services', 'Health Data & Statistics', and 'A-Z Index'. The main content area has a green border and contains the title 'CCUBS Best Beginnings Provider Portal' and 'Sign In'. Inside a white box, there are input fields for 'Username' and 'Password', a blue link for 'Forgot Password?', a blue link for 'Provider Portal User Guide', and a 'Login' button. The footer is a green bar with the 'MT MONTANA' logo, links for 'Privacy & Security', 'Accessibility', 'Nondiscrimination Notice/Policy', 'Disclaimer', 'Contact Webmaster', and 'Search', and the 'mt.gov' logo on the right.

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**CCUBS Best Beginnings Provider Portal**

**Sign In**

Username

Password

[Forgot Password?](#)

[Provider Portal User Guide](#)

Login

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4. The window below displays. Enter your Username and PV# and click the Request New Password button.

The screenshot shows a web browser window with the address bar displaying "Department of Public Health & Human Services - Provi...". The page header features the "mt.gov" logo and the text "Montana's Official State Website". Below this is a green navigation bar with the following links: "DPHHS Home", "About Us", "Contact Us", "News & Events", "Programs & Services", "Health Data & Statistics", and "A-Z Index". The main content area has a green banner with the text "DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES". Below the banner is a button labeled "Return to CCUBS Provider Login Page". The main heading is "CCUBS Best Beginnings Provider Portal". Below this is the section "Request Password". Inside a green-bordered box, there are two input fields: "Username" and "PV#". Below these fields is a button labeled "Request New Password". The footer of the page is green and contains the "MONTANA" logo, the text "Department of Public Health & Human Services", and links for "Privacy & Security", "Accessibility", "Nondiscrimination Notice/Policy", "Disclaimer", "Contact Webmaster", and "Search".

5. If your email address is known to the system, a temporary password will be emailed to you immediately. If not, a new password will be mailed to you via the US Postal Service. Once you receive the new password, you are ready to log on using that system generated password. (You can then [change your password](#) if desired, and [enter an email address](#) in the system so that future passwords can be sent immediately via email.)

## ENTERING/UPDATING YOUR EMAIL ADDRESS

1. Click the Change Password/Email button, available at the top of pages such as the CCUBS Provider List.



This window is displayed. If the system has an email address for you, it will display beneath your CCUBS Name.

The screenshot shows a web browser window with the address bar displaying "Department of Public Health & Human Services - Chan...". The website header includes the "mt.gov" logo, "Montana's Official State Website", and the "DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES" title. A navigation menu contains links: "DPHHS Home", "About Us", "Contact Us", "News & Events", "Programs & Services", "Health Data & Statistics", and "A-Z Index".

Below the navigation menu, there are two buttons: "Return To Provider List Page" and "Logout". The main heading is "Change Password and Update Email". Underneath, the section "My Account Details" is displayed, containing a box with the following information:

- CCUBS ID: PS296178
- CCUBS Name: Anne L
- Email Address: emailtest@test.com

Below the account details, there are two side-by-side form sections:

- Change Your Password:** Includes fields for "Current Password", "New Password", and "Confirm New Password", followed by a "Submit" button.
- Update Email Address:** Includes fields for "Email Address" and "Confirm Email Address", followed by a "Submit" button.

The footer of the website contains the "MONTANA" logo, links for "Privacy & Security", "Accessibility", "Nondiscrimination Notice/Policy", and "Disclaimer", as well as "Contact Webmaster" and "Search" options.

2. In the Update Email Address section, click in the **Email Address** box and type your email address.
3. Tab to (or click in) the **Confirm Email Address** box and type your email address again.
4. Press Enter (or click the Submit button). The system displays a confirmation message.

## CHANGING YOUR PASSWORD

1. Click the Change Password/Email button, available at the top of pages such as the CCUBS Provider List.





This window is displayed:

The screenshot shows a web browser window with the address bar displaying "Department of Public Health & Human Services - Chan...". The website header features the "mt.gov" logo and the text "Montana's Official State Website". Below the header is a navigation menu with links: "DPHHS Home", "About Us", "Contact Us", "News & Events", "Programs & Services", "Health Data & Statistics", and "A-Z Index". A secondary navigation bar contains "Return To Provider List Page" and "Logout" buttons.

## Change Password and Update Email

### My Account Details

CCUBS ID: PS296178

CCUBS Name: Anne L

Email Address: emailtest@test.com

#### Change Your Password

Current Password

New Password

Confirm New Password

Submit

#### Update Email Address

Email Address

Confirm Email Address

Submit

The footer contains the "MONTANA" logo, links for "Privacy & Security", "Accessibility", "Nondiscrimination Notice/Policy", "Disclaimer", "Contact Webmaster", and "Search", along with the "mt.gov" logo.

2. Click in the Current Password field and type your current password.
3. Tab to (or click in) the New Password field and type your new password. Remember, passwords cannot include spaces.
4. Tab to (or click in) the Confirm New Password field and type your new password again.
5. Click the Submit button. The system displays a confirmation message.

**VIEWING/UPDATING PREFERENCES FOR ONLINE INVOICING PARTICIPATION,  
NOTIFICATIONS, & STAFF ACCESS (DIRECTORS ONLY)**

1. If you have more than one provider, click on the Provider/Facility Name in the CCUBS Provider List. This screen displays when you log in, unless you have only one provider. If you have only one provider, you can skip this step.

The screenshot shows the Montana Department of Public Health & Human Services (DPHHS) website. The header includes the 'mt.gov' logo and the text 'Montana's Official State Website'. Below this is a navigation bar with links: 'DPHHS Home', 'About Us', 'Contact Us', 'News & Events', 'Programs & Services', 'Health Data & Statistics', and 'A-Z Index'. To the right of the navigation bar are buttons for 'Change Password/Email' and 'Logout'. The main content area features a 'Best Beginnings' logo on the left and the 'MONTANA DPHHS' logo on the right. Centered on the page is the title 'CCUBS Provider List'. Below this title is a section labeled 'Providers' which contains a table with the following data:

Provider/Facility Name	Provider ID	Status
<a href="#">Test Provider</a>	PV96711	Not Using Online Invoicing <b>A Rights &amp; Responsibilities Agreement is Required by 3/17/12</b>

2. On the page for the provider/facility, click on either the circled button or link.

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DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

DPHHS Home | About Us | Contact Us | News & Events | Programs & Services | Health Data & Statistics | A-Z Index

Change Password/Email | Return To Provider List Page | Logout

Select Online Invoicing, Notifications and Staff Access

Best Beginnings

MONTANA DPHHS  
Healthy People. Healthy Communities.  
Improving the Quality of Life.

PV104906

### Test Provider

#### Online Invoicing Participation

Participation Status
Select or Update Your Participation

#### Provider Rights & Responsibilities Agreement

Status
Completion required by - 5/2/13

#### Invoices & SORs

[Explanation of Invoice Statuses](#)  
[Budget Buffer Basics](#)  
[SORs by Month & Archived Documents](#)

There are currently no online invoices for this provider.

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3. Mark the checkbox in the Online Invoicing Participation section and click the “Begin Online Invoicing” button, if desired.

Select Online Invoicing & Notifications & Staff Access





Montana's Official State Website

DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

DPHHS Home About Us Contact Us News & Events Programs & Services Health Data & Statistics A-Z Index

Return To Provider Page Return To Provider List Page Logout



PV104906

## Test Provider

### Select Online Invoicing, Notifications and Staff Access

#### Online Invoicing Participation

When a provider elects to participate in Online Invoicing, from that moment in time forward any invoices that are created by the CCUBS system will only be available online and will not be printed and mailed to the provider. **Any paper invoices the provider has already received (or may receive in the mail in the next few days), will need to be completed and returned by mail.**

Should a provider elect to no longer participate in Online Invoicing, from that moment in time forward, any invoices created by the CCUBS system will be printed and mailed to the provider, and will require the provider to complete and return each invoice document by mail. **Any online invoices not yet submitted by the provider, will need to be completed and submitted online.**

Should you have any questions, you may contact [contact information](#) for further assistance.

**Please note:** Provider invoices are generated by the CCUBS system each evening and a provider's participation in Online Invoicing dictates whether an invoice will be printed and mailed to the provider or made available to the provider online. Therefore a director may not change a provider's Online Invoicing participation between the hours of 6:30 P.M. and 12:00 A.M.

☐ **Yes, this provider would like to participate in Online Invoicing.**

Begin Online Invoicing

#### Select Notifications

Before you can select the email notifications you would like to receive, you must first visit the ["Enter/Update Email Address"](#) page and provide your email address.

I would like to receive email notifications for this provider when:

- ☐ The submittal period for an invoice will expire in 15 days.
- ☐ A child's authorization for coverage will expire in 15 days.
- ☐ A child's authorization for coverage will expire in 3 business days.

Submit Selections

4. Mark any checkboxes desired in the Select Notification section and click the Submit Selections button in that section.
5. Click any desired checkboxes in the Staff Portal Access section for the individuals listed.


### Staff Portal Access

- **Jennifer D** - Primary Caregiver
  - ☐ Access Monthly Invoices for entry of Requested Hours and Comments. Once an invoice has been submitted by the Director, this person will no longer be able to view the invoice.
  - ☐ Access Provider SOR's and invoices of any status.
- **Kristie L** - Aide
  - ☐ Access Monthly Invoices for entry of Requested Hours and Comments. Once an invoice has been submitted by the Director, this person will no longer be able to view the invoice.
  - ☐ Access Provider SOR's and invoices of any status.
- **Mariah L** - Aide
  - ☐ Access Monthly Invoices for entry of Requested Hours and Comments. Once an invoice has been submitted by the Director, this person will no longer be able to view the invoice.
  - ☐ Access Provider SOR's and invoices of any status.

☐ By checking this box, I, Test Director , certify that I am the Director of Test Provider and I authorize the staff permissons as indicated above.


Submit Selections

Cancel

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6. Click the "By checking this box..." checkbox.
7. Click the Submit Selections button in this section.

## UPDATING RIGHTS AND RESPONSIBILITIES AGREEMENT (DIRECTORS ONLY)

1. If you have more than one provider, click on the Provider/Facility Name in the CCUBS Provider List. (This screen displays when you log in, unless you have only one provider. If you have only one provider, you can skip this step.)

The screenshot shows the Montana Department of Public Health & Human Services (DPHHS) website. The header includes the "mt.gov" logo and the text "Montana's Official State Website". The navigation bar contains links: "DPHHS Home", "About Us", "Contact Us", "News & Events", "Programs & Services", "Health Data & Statistics", and "A-Z Index". There are buttons for "Change Password/Email" and "Logout". The main content area features the "Best Beginnings" logo and the "MONTANA DPHHS" logo. The title "CCUBS Provider List" is centered. Below the title, the word "Providers" is followed by a table.

Provider/Facility Name	Provider ID	Status
<a href="#">Test Provider</a>	PV96711	Not Using Online Invoicing <b>A Rights &amp; Responsibilities Agreement is Required by 3/17/12</b>

2. On the page for the provider/facility, click on the "Completion required by..." link.

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[Change Password/Email](#) | [Return To Provider List Page](#) | [Logout](#)

[Select Online Invoicing, Notifications and Staff Access](#)





PV104906

### Test Provider

#### Online Invoicing Participation

Participation Status
<a href="#">Select or Update Your Participation</a>

#### Provider Rights & Responsibilities Agreement

Status
<b>Completion required by - 5/2/13</b>

#### Invoices & SORs

[Explanation of Invoice Statuses](#)  
[Budget Buffer Basics](#)  
[SORs by Month & Archived Documents](#)

There are currently no online invoices for this provider.

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- Read and check each item by clicking on the box. Scroll down to complete all items.

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## Provider Rights and Responsibilities

### Provider Rights and Responsibilities Agreements

PHHS-HCS/CC-018  
(Rev. 10/11)



**State of Montana**  
**Department of Public Health and Human Services**  
**Human and Community Services Division**

**Child Care Provider**  
**Rights and Responsibilities**

**Best Beginnings Child Care Scholarship Program**

If you need additional information to complete this form, please contact your local Child Care Resource & Referral agency.

Thank you for choosing to provide care for children of families participating in the scholarship program. Completing and submitting this agreement is required before care is provided to Scholarship children. This agreement outlines your rights as a provider and explains the responsibilities that you are taking on as a provider in the program. Your completion and submission of this agreement is your acknowledgement you understand and agree with these rights and responsibilities. Unless revised, you will only have to complete this agreement once. Clicking each item's checkbox indicates you have read the statement and agree. Once submitted, your agreement will be reviewed and approved. A delay in the approving of your invoices for payment will occur if the agreement is not received.

Please read and check each item:

Please read and check each item:

Click to Accept	Provider's Rights
<input type="checkbox"/>	1. I have the right to receive a copy of the Child Care Certification Plan. This identifies the family's start-date, end-date, hours of child care authorized, and co-payment amount, in which the family is responsible for paying directly to me.
<input type="checkbox"/>	2. If the family's circumstances change, and they lose eligibility for scholarship assistance before the end-date shown on the Child Care Certification Plan, a notice will be mailed to me fifteen (15) calendar days before the end of scholarship assistance. If there is no change to the certification plan during the span of eligibility, the certification plan becomes the notice to the provider when child care eligibility will end.
<input type="checkbox"/>	3. I have the right to timely payment for child care scholarship services.



4. After all numbered items are checked, click in the box at the bottom to certify your role as Director and your agreement with all Rights and Responsibilities.

Accepted: 08/07/2013 07:40:45 AM

Test Director Test Director  
Test Provider PV104906

☒ By checking this box, I, Test Director, certify that I am the Director of Test Provider and I agree to these specified Rights And Responsibilities.

Submit

Cancel

If you are unable to submit the document, go back through the list of statements - you have left one unmarked.

5. Click the Submit button. (If the Submit button is grayed out, you may have left a checkbox blank. The Submit button will also be grayed out if you have already submitted the document.)

## VIEWING COMPLETED RIGHTS AND RESPONSIBILITIES

1. If you have more than one provider, click on the Provider/Facility Name in the CCUBS Provider List. (This screen displays when you log in, unless you have only one provider. If you have only one provider, you can skip this step.)

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Provider/Facility Name	Provider ID	Status
<a href="#">Test Provider</a>	PV96711	Not Using Online Invoicing <b>A Rights &amp; Responsibilities Agreement is Required by 3/17/12</b>

- On the page for the provider/facility, click on the "Completed <<date>>" link.



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[Change Password/Email](#) [Return To Provider List Page](#) [Logout](#)

  **PV95000**

## Test Provider

### Online Invoicing Participation

Participation Status	
Provider ended online invoicing 3/1/2013 3:21:44 P.M.	<a href="#">Select or Update Your Participation</a>



### Provider Rights & Responsibilities Agreement

Status
<a href="#">Completed Mar-26-2012</a>

### Invoices & SORs

[Explanation of Invoice Statuses](#)  
[Budget Buffer Basics](#)  
[SORs by Month & Archived Documents](#)

Family	Family Invoices and SORs
<div> <div>Jessica</div> <div>CS79396</div> <div>Angell</div> </div>	<p><b>Invoice Month - Invoice Status</b></p> <ul style="list-style-type: none"> <li><a href="#">Apr. 2013</a> - Pending Provider Submittal</li> </ul> <p><a href="#">Previous Invoices for Jessica</a></p>

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- Another smaller Internet Explorer window will open and display the PDF version of the Provider Rights & Responsibilities Agreement.

## VIEWING A PROVIDER'S INVOICE

1. If you have more than one provider, click on the Provider/Facility Name in the CCUBS Provider List. (This screen displays when you log in, unless you have only one provider. If you have only one provider, you can skip this step.)

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Provider/Facility Name	Provider ID	Status
<a href="#">Test Provider</a>	PV96711	Not Using Online Invoicing <b>A Rights &amp; Responsibilities Agreement is Required by 3/17/12</b>

- On the page for the provider/facility, click on the invoice month/year, or if the month and year needed is not listed, click on the "Previous Invoices for..." link.

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Change Password/Email | Return To Provider List Page | Logout

Best Beginnings

MONTANA DPHHS  
Healthy People. Healthy Communities.  
Montana's Official State Website

PV95000

### Test Provider

#### Online Invoicing Participation

Participation Status	
Provider ended online invoicing 3/1/2013 3:21:44 P.M.	<a href="#">Select or Update Your Participation</a>

#### Provider Rights & Responsibilities Agreement

Status
<a href="#">Completed Mar-26-2012</a>

#### Invoices & SORs

[Explanation of Invoice Statuses](#)  
[Budget Buffer Basics](#)

Family	Family Invoices and SORs
<div>Jessica CS79396</div> <div>Angel</div>	<p><b>Invoice Month - Invoice Status</b></p> <ul style="list-style-type: none"> <li><a href="#">Apr. 2013</a> - Pending Provider Submittal</li> </ul> <p><a href="#">Previous Invoices for Jessica</a></p>

Page last updated: 07/24/2014

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- Clicking on the month and year of an invoice displays the invoice page. If an invoice is in paid, released, or processed status, the Invoice Status section will also display. If the Authorization End Date is in red font, this indicates there is a gap in the authorization of services or that there is not a new Authorization of Services in place. Click on the Invoice Number link to view a PDF of that invoice.

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[A-Z Index](#)

[Return To Provider Page](#)
[Return To Provider List Page](#)
[Logout](#)



**PV76327**

## Test Provider

### April Invoice 2013

**Invoice Date: 04/01/2013**
**Invoice Number: 681235**

This invoice is for the billing period of 04/01/2013 - 04/30/2013. You will have the opportunity to submit the invoice the first day of the month following the billing period end date. Child care claims must be limited to actual daily attendance, within one quarter hour, and must be for approved activities only within the limits of the child care certification plan. Sign-in/sign-out sheets must support the claims. The child care program will not pay invoices or accept corrections submitted 60 days beyond the billing period (or beyond the date the invoice is issued). Please, contact your local CCR&R office if you have any questions: Diana Chatriand 101 E Broadway Butte MT 59701.

#### Parent Information

**Name:**  
Chelsey S

**Address:**  
750 E  
Dillon MT 59725

**Case ID:**  
CS85579 CE1

#### Provider Rates

	Daily	Hourly
Infant	\$0.00	\$0.00
Child	\$25.00	\$5.00

#### Copayment Information

Co-Pay Obligation for April	\$0.00
Co-Pay Paid in April	\$

**Avryll S**  
**DOB 02/2:**

[Authorization End Date: 04/30/2013](#)
[Next Authorization Begin Date:](#)

Date of Service	Requested Hours	Comment	Date of Service	Requested Hours	Comment
Mon. 04/01			Tue. 04/16		
Tue. 04/02			Wed. 04/17		
Wed. 04/03			Thu. 04/18		
Thu. 04/04			Fri. 04/19		
Fri. 04/05			Sat. 04/20		
Sat. 04/06			Sun. 04/21		
Sun. 04/07			Mon. 04/22		
Mon. 04/08			Tue. 04/23		
Tue. 04/09			Wed. 04/24		
Wed. 04/10			Thu. 04/25		
Thu. 04/11			Fri. 04/26		
Fri. 04/12			Sat. 04/27		
Sat. 04/13			Sun. 04/28		
Sun. 04/14			Mon. 04/29		
Mon. 04/15			Tue. 04/30		

[Save Updates](#)
[Cancel](#)

4. On the Previous Invoices page, invoices submitted online would be listed. As the list of online invoices grows, the “Retrieve Invoice for Benefit Month” section can be used. Simply type a numerical benefit month/year (including century) and Submit.

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[Return To Provider Page](#) [Return To Provider List Page](#) [Logout](#)

**Family Invoice List**

**Chelsey S  
CS85579**

**2013**

**No Online Invoices were found.**

**Retrieve Invoice for Benefit Month**

Enter Month (MM/YYYY)

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## WORKING AN INVOICE

1. If you have more than one provider, click on the Provider/Facility Name in the CCUBS Provider List. (This screen displays when you log in, unless you have only one provider. If you have only one provider, you can skip this step.)

The screenshot shows the Montana Department of Public Health & Human Services (DPHHS) website. The browser address bar shows "Department of Public Health & Human Services - Provi...". The website header includes the "mt.gov" logo, "Montana's Official State Website", and the "DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES" title. A navigation menu contains links: "DPHHS Home", "About Us", "Contact Us", "News & Events", "Programs & Services", "Health Data & Statistics", and "A-Z Index". On the right, there are buttons for "Change Password/Email" and "Logout". The main content area features a "Best Beginnings" logo on the left and a "MONTANA DPHHS" logo on the right. The title "CCUBS Provider List" is centered. Below the title, the word "Providers" is followed by a table.

Provider/Facility Name	Provider ID	Status
<a href="#">Test Provider</a>	PV96711	Not Using Online Invoicing <b>A Rights &amp; Responsibilities Agreement is Required by 3/17/12</b>



- On the page for the provider/facility, click on the invoice month and year that you wish to work.

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 **Test Provider**

 **PV76327**

**Online Invoicing Participation**

Participation Status
<a href="#">Select or Update Your Participation</a>

**Provider Rights & Responsibilities Agreement**

Status
<b>Completion required by - 4/26/13</b>


**Invoices & SORs**

[Explanation of Invoice Statuses](#)  
[Budget Buffer Basics](#)  
[SORs by Month & Archived Documents](#)

Family	Family Invoices and SORs
<div>Chelsey S [REDACTED] CS85579</div> <div>Avryll S</div>	<p><b>Invoice Month - Invoice Status</b></p> <ul style="list-style-type: none"> <li><a href="#">Apr. 2013</a> - Pending Provider Submittal</li> </ul> <p><a href="#">Previous Invoices for Chelsey S</a></p>

- On the Invoice page, enter hours next to the appropriate dates of service in the Requested Hours fields, and an associated Comment if desired.

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# Test Provider

## April Invoice 2013

**Invoice Date:** 04/01/2013

**Invoice Number:** 681235

This invoice is for the billing period of 04/01/2013 - 04/30/2013. You will have the opportunity to submit the invoice the first day of the month following the billing period end date. Child care claims must be limited to actual daily attendance, within one quarter hour, and must be for approved activities only within the limits of the child care certification plan. Sign-in/sign-out sheets must support the claims. The child care program will not pay invoices or accept corrections submitted 60 days beyond the billing period (or beyond the date the invoice is issued). Please, contact your local CCR&R office if you have any questions: Diana Chatriand 101 E Broadway Butte MT 59701.

**Parent Information**

**Name:**  
Chelsey S

**Address:**  
750 E  
Dillon MT 59725

**Case ID:**  
CS85579 CE1

**Provider Rates**

**Copayment Information**

	Daily	Hourly
Infant	\$0.00	\$0.00
Child	\$25.00	\$5.00

Co-Pay Obligation for April	\$0.00
Co-Pay Paid in April	\$0

**Avryll S**  
DOB 02/2/

Authorization End Date: 04/30/2013
Next Authorization Begin Date:

Date of Service	Requested Hours	Comment	Date of Service	Requested Hours	Comment
Mon. 04/01	8		Tue. 04/16	8	
Tue. 04/02	8		Wed. 04/17	8	
Wed. 04/03	8		Thu. 04/18	8	
Thu. 04/04	8		Fri. 04/19	8	
Fri. 04/05	8		Sat. 04/20		
Sat. 04/06			Sun. 04/21		
Sun. 04/07			Mon. 04/22	8	
Mon. 04/08	8		Tue. 04/23	8	
Tue. 04/09	8		Wed. 04/24	8	
Wed. 04/10	8		Thu. 04/25	8	
Thu. 04/11	8		Fri. 04/26	8	
Fri. 04/12	8		Sat. 04/27		
Sat. 04/13			Sun. 04/28		
Sun. 04/14			Mon. 04/29	8	
Mon. 04/15	8		Tue. 04/30	8	

Save Updates
Cancel

- Enter the Co-Pay Paid in April. (This field is required prior to submitting the invoice, and will accept entry of \$0.)
- Click on the Save Updates button.

6. When all Requested Hours, Comments, and Co-Pay Paid fields are filled in, scroll to the bottom of the screen, check the certification checkbox and click on Submit.

Mon. 04/15	8		Tue. 04/30	8	
------------	---	--	------------	---	--


[Save Updates](#)   [Cancel](#)

---


☐ By checking this box and submittal of this invoice, I, H \_\_\_\_\_, certify that I am the Director of CCUBS Test Provider \_\_\_\_\_ Educatn Cntr and I certify that the services are provided without regard to race, sex, religion, creed, color or national origin and that this claim is correct in all respects and that payment has not been received.

[Submit](#)

---



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## VIEWING A PROVIDER'S STATEMENT OF REMITTANCE

1. If you have more than one provider, click on the Provider/Facility Name in the CCUBS Provider List. (This screen displays when you log in, unless you have only one provider. If you have only one provider, you can skip this step.)

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The screenshot shows the Montana Department of Public Health & Human Services (DPHHS) website. The header includes the 'mt.gov' logo and the text 'Montana's Official State Website'. Below this is a green navigation bar with links: 'DPHHS Home', 'About Us', 'Contact Us', 'News & Events', 'Programs & Services', 'Health Data & Statistics', and 'A-Z Index'. To the right of the navigation bar are buttons for 'Change Password/Email' and 'Logout'. The main content area features a 'Best Beginnings' logo on the left and the 'MONTANA DPHHS' logo on the right. The title 'CCUBS Provider List' is centered. Below the title is a section labeled 'Providers' containing a table with one provider listed.

Provider/Facility Name	Provider ID	Status
<a href="#">Test Provider</a>	PV96711	Not Using Online Invoicing <b>A Rights &amp; Responsibilities Agreement is Required by 3/17/12</b>

2. On the page for the provider/facility, click on the “SORs by Month...” link.

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**PV76327**

## Test Provider

### Online Invoicing Participation

Participation Status
<a href="#">Select or Update Your Participation</a>

### Provider Rights & Responsibilities Agreement

Status
<b>Completion required by - 4/26/13</b>

### Invoices & SORs

[Explanation of Invoice Statuses](#)  
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Family	Family Invoices and SORs
<div>Chelsey S CS85579</div> <div>Avryll S</div>	<p><b>Invoice Month - Invoice Status</b></p> <ul style="list-style-type: none"><li><a href="#">Apr. 2013</a> - Pending Provider Submittal</li></ul> <p><a href="#">Previous Invoices for Chelsey S</a></p>

3. Click on the month of the SOR you wish to view. You can also type a numerical month/year in the "Retrieve SOR for Benefit Month" section, in the Enter Month field, and then click the month on that list.

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## Test Provider Provider SOR List

**2013**

- [April](#)
- [March](#)
- [February](#)
- [January](#)

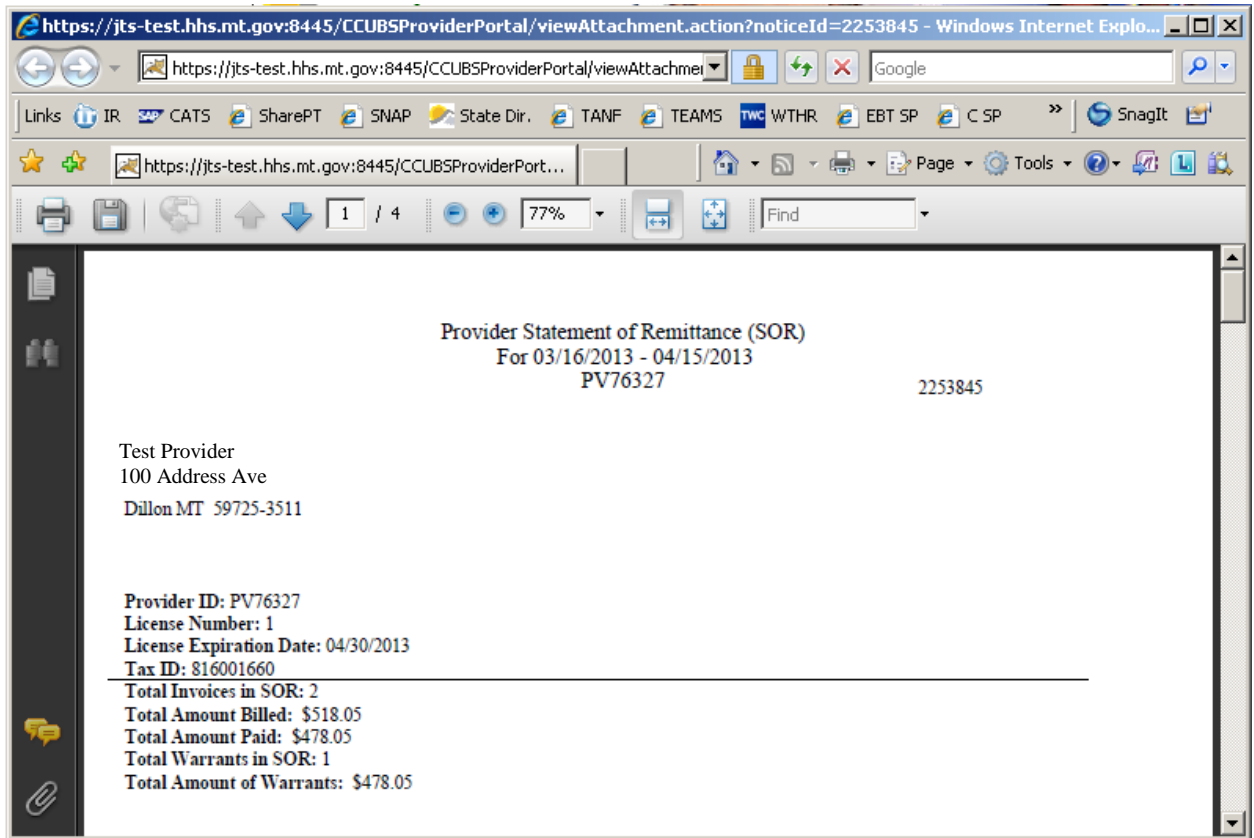
**2012**

- [December](#)
- [November](#)
- [October](#)
- [September](#)

Retrieve SOR for Benefit Month	Retrieve Invoice for Benefit Month
Enter Month (MM/YYYY) <input type="text"/>	Enter Month (MM/YYYY) <input type="text"/>
<input type="submit" value="Submit"/>	<input type="submit" value="Submit"/>

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4. The system displays a PDF of the SOR in a separate window.



## VIEWING EXPLANATION OF INVOICE STATUSES

1. On the provider's page, click on the circled "Explanation of Invoice Statuses" link.

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 **Test Provider**

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### Online Invoicing Participation

Participation Status
<a href="#">Select or Update Your Participation</a>

### Provider Rights & Responsibilities Agreement

Status
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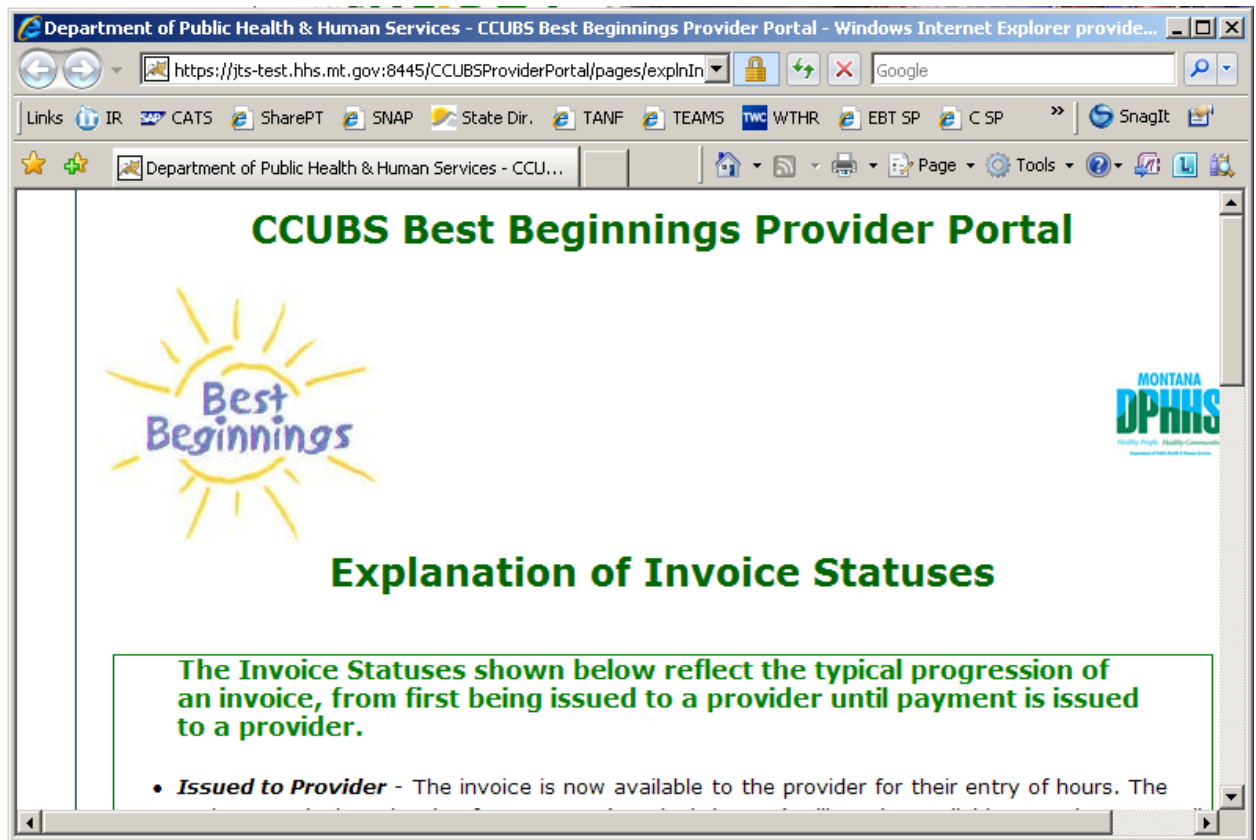
### Invoices & SORs

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Family	Family Invoices and SORs
<div>Chelsey S CS85579</div> <div>Avryll S</div>	<p><b>Invoice Month - Invoice Status</b></p> <ul style="list-style-type: none"><li>• <a href="#">Apr. 2013</a> - Pending Provider Submittal</li></ul> <p><a href="#">Previous Invoices for Chelsey S</a></p>



2. A separate window displays the information.



## VIEWING BUDGET BUFFER BASICS

1. On the provider's page, click on the circled "Budget Buffer Basics" link.

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Participation Status  
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**Provider Rights & Responsibilities Agreement**

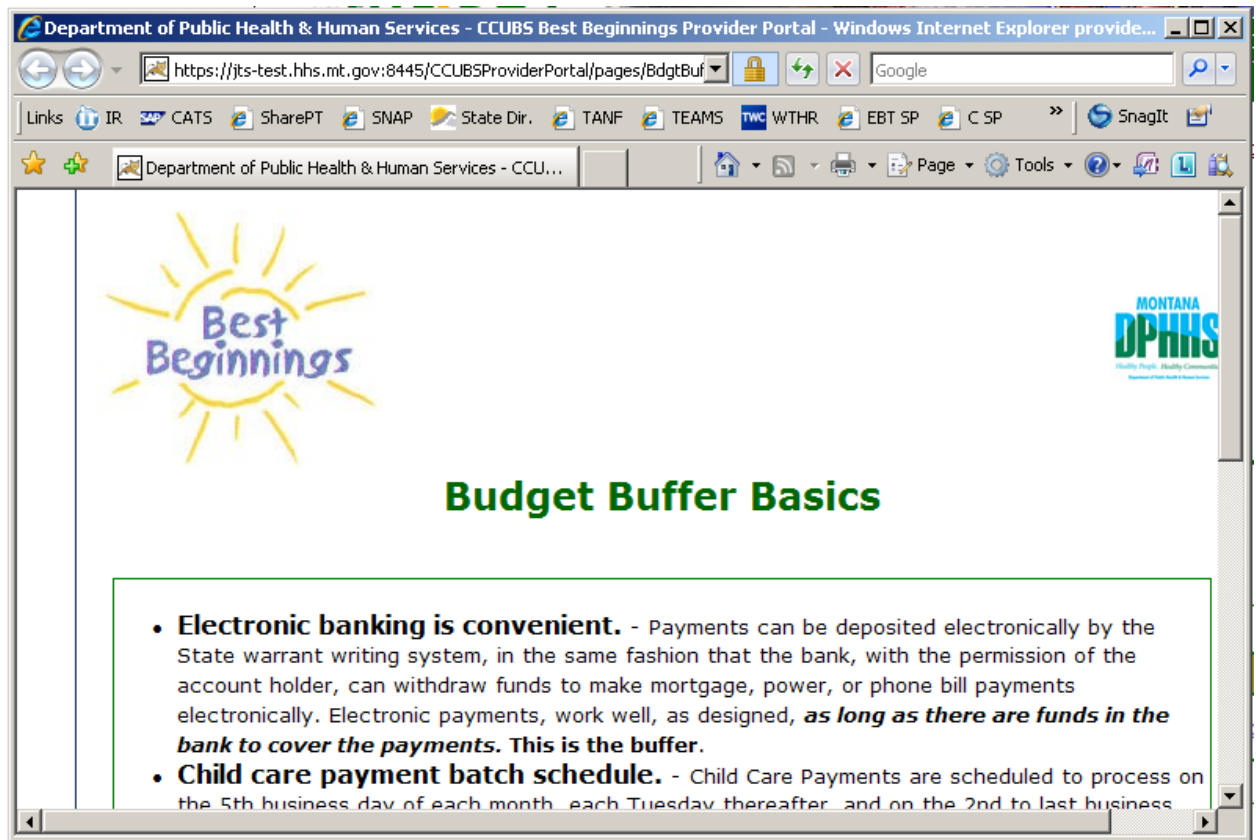
Status  
**Completion required by - 4/26/13**

**Invoices & SORs**

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Family	Family Invoices and SORs
<div>Chelsey S CS85579</div> <div>Avryll S</div>	<p><b>Invoice Month - Invoice Status</b></p> <ul style="list-style-type: none"><li>• <a href="#">Apr. 2013</a> - Pending Provider Submittal</li></ul> <p><a href="#">Previous Invoices for Chelsey S</a></p>

2. A separate window displays the information.



## VIEWING SORS BY MONTH AND ARCHIVED DOCUMENTS

1. On the provider's page, click on the circled "SORs by Month & Archived Documents" link.

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**Test Provider**

**Online Invoicing Participation**

Participation Status  
[Select or Update Your Participation](#)

**Provider Rights & Responsibilities Agreement**

Status  
**Completion required by - 4/26/13**

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Family	Family Invoices and SORS
<p>Chelsey S [redacted] CS85579</p> <p>Avryll S</p>	<p><b>Invoice Month - Invoice Status</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Apr. 2013</a> - Pending Provider Submittal</li> </ul> <p><a href="#">Previous Invoices for Chelsey S</a></p>

2. Click the month link, or type a numerical month/year in the “Retrieve SOR for Benefit Month” space, and click Submit.

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## Test Provider Provider SOR List


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- [January](#)

**2012**

- [December](#)
- [November](#)
- [October](#)
- [September](#)

Retrieve SOR for Benefit Month	Retrieve Invoice for Benefit Month
Enter Month (MM/YYYY) <input type="text"/> <input type="button" value="Submit"/>	Enter Month (MM/YYYY) <input type="text"/> <input type="button" value="Submit"/>

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